

**FINAL INSPECTION REPORT**  
**Under the *Retirement Homes Act, 2010***

**Inspection Information**

**Date of Inspection: September 13, 2023**

**Name of Inspector: Georges Gauthier**

**Inspection Type: Routine Inspection**

**Licensee: ACC-002838 - Eden Place Retirement Home & Wellness Ltd.**

**Retirement Home: Eden Place Retirement Home**

**License Number: N0503**

**About Routine Inspections**

A routine inspection, performed by an RHRA inspector, is a physical inspection of a licensed retirement home. During a routine inspection, an RHRA inspector will walk through the home, speak to residents and staff, observe care services and conditions in the home, and ensure the licensee’s management and staff follow mandatory policies and practices designed to protect the welfare of residents.

Following a routine inspection, the RHRA inspector prepares a draft inspection report which is sent to the licensee. The draft report may include instances where the licensee has failed to meet the standards of the *RHA*. If included, the licensee can respond to these instances and is strongly encouraged to inform RHRA of its plans to meet the standards of the *RHA*.

Following the draft report, the RHRA inspector prepares this final inspection report, incorporating any response from the licensee with their plans to meet the standards of the *RHA*. The most recent final inspection report must be posted in the home in a visible and easily accessible location. All final inspection reports from the previous two years must also be made available in an easily accessible location in the home. The licensee must provide a copy of this report to the home’s Residents’ Council, if one exists.

In addition to inspection reports, RHRA may provide information to a licensee to encourage improvements of their current practices.

If the licensee repeatedly does not meet the required standards, RHRA may take further action.

**Focus Areas**

*During a routine inspection, an inspector will focus primarily on a set number of areas which have been identified as related to the health, safety and wellbeing of resident, and may take various actions to determine whether the licensee is compliant with the RHA in relating to the areas. The areas listed in this section are ones which an inspector has identified as non-compliant.*

**Focus Area #1: Emergency Plan**

**RHRA Inspector Findings**

The inspector reviewed the Licensee’s records of testing for their emergency plan and found that the testing for situations involving the loss of essential services, missing residents, medical emergencies, epidemics and pandemics, and violent outbursts had not been completed within the previous 12 months. Further, the plan did not address epidemics and pandemics. The Licensee failed to ensure that the emergency plan and testing requirements had been fully met.

**Outcome**

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #2: Maintenance****RHRA Inspector Findings**

As part of the inspection, the inspector conducted a tour. During the tour, hazardous substances were found to be insecure. The Licensee failed to ensure that all hazardous substances used by staff of the home or under their control were kept inaccessible to residents at all times.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

**Focus Area #3: Medications****RHRA Inspector Findings**

During inspection, the inspector observed a medication cart containing drugs and controlled substances as well as a medication storage fridge that were left unattended and insecure. The Licensee failed to ensure the medication storage provisions had been met.

**Outcome**

The Licensee has demonstrated it has taken corrective action to achieve compliance.

**Focus Area #4: Resident Record, Assessment, Plan of Care****RHRA Inspector Findings**

During the inspection, the inspector made observations related to continence, hygiene, and ambulation for a resident. A review of the plan of care showed it was overdue, that the resident's needs had changed in one area and the plan was ineffective in another. Further, there was no evidence of an interdisciplinary care conference related to the use of personal assistance services devices. The Licensee failed to ensure some of the plan of care provisions had been fully met.

**Outcome**

The Licensee provided information indicating that corrective action was being taken, however, further action must be taken to achieve compliance with all areas outlined in the finding. RHRA to confirm compliance by following up with the Licensee or by inspection.

**Focus Area #5: Staff Training****RHRA Inspector Findings**

During the inspection, training records were reviewed, and it was found that some staff had not completed all the required training and others had not completed some annual retraining. The Licensee failed to ensure the training and retraining requirements had been fully addressed.

**Outcome**

The Licensee must take corrective action to achieve compliance.

**Additional Findings**

*During a routine inspection, an inspector may observe areas of non-compliance that are not related to the standard focus areas. In these cases, an inspector may cite the home for these contraventions at the time of this inspection. In addition, an inspector may follow-up on findings of non-compliance from previous inspections. Where the licensee is unable to demonstrate they have come into compliance or maintained compliance, an inspector may cite the home for these repeat contraventions at the time of this inspection.*

**Not Applicable**

## Current Inspection – Citations

*Citations relating to the above Focus Areas or Additional Findings made during the current inspection are listed below.*

### **The Licensee failed to comply with the RHA s. 24. (5); Emergency plan, general**

#### **s. 24. (5); Emergency plan, general**

24. (5) The licensee shall,

#### **Specifically, the Licensee failed to comply with the following subsection(s):**

##### **s. 24. (5), (a)**

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

##### **s. 24. (5), (a), 3.1**

(iii.1) epidemics and pandemics,

### **The Licensee failed to comply with the RHA s. 25. (3); Emergency plan, retirement home with more than 10 residents**

#### **s. 25. (3); Emergency plan, retirement home with more than 10 residents**

25. (3) The licensee shall ensure that the emergency plan provides for the following:

#### **Specifically, the Licensee failed to comply with the following subsection(s):**

##### **s. 25. (3), para. 1**

1. Dealing with,

##### **s. 25. (3), para. 1, 5.1**

v.1 epidemics and pandemics,

### **The Licensee failed to comply with the RHA s. 47. (5); Development of plan of care**

#### **s. 47. (5); Development of plan of care**

47. (5) If an assessment of a resident indicates that the resident's care needs may include dementia care, skin and wound care or the use of a personal assistance services device, the licensee shall ensure that an interdisciplinary care conference is held as part of the development of the resident's plan of care and that the resident's plan of care takes into account the results of the care conference.

### **The Licensee failed to comply with the RHA s. 62. (12); Reassessment and revision**

#### **s. 62. (12); Reassessment and revision**

62. (12) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time if, in the opinion of the licensee or the resident,

#### **Specifically, the Licensee failed to comply with the following subsection(s):**

##### **s. 62. (12), (b)**

(b) the resident's care needs change or the care services set out in the plan are no longer necessary;

##### **s. 62. (12), (c)**

(c) the care services set out in the plan have not been effective.

## Closed Citations

*During an inspection, an inspector may follow-up with areas of non-compliance cited during a previous inspection, or verify compliance with areas initially cited during the current inspection. The inspector has verified that at the time of this report, the licensee was able to demonstrate that the following areas have come into compliance.*

### **Retirement Homes Act, 2010:**

**s. 65. (2); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**s. 65. (2), (a)**

(a) the Residents' Bill of Rights;

**s. 65. (2); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**s. 65. (2), (b)**

(b) the licensee's policy mentioned in subsection 67 (4) to promote zero tolerance of abuse and neglect of residents;

**s. 65. (2); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**s. 65. (2), (c)**

(c) the protection afforded for whistle-blowing described in section 115;

**s. 65. (2); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**s. 65. (2), (d)**

(d) the licensee's policy mentioned in subsection 68 (3) regarding the use of personal assistance services devices for residents;

**s. 65. (2); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**s. 65. (2), (f)**

(f) fire prevention and safety;

**s. 65. (2); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**s. 65. (2), (g)**

(g) the licensee's emergency evacuation plan for the home mentioned in subsection 60 (3);

**s. 65. (2); Training**

65. (2) Every licensee of a retirement home shall ensure that no staff work in the home unless they have received training in,

**s. 65. (2), (h)**

(h) the emergency plan and the infection prevention and control program of the licensee for the home mentioned in subsection 60 (4);

**s. 65. (4); On-going training**

65. (4) The licensee shall ensure that the persons who are required to receive the training described in subsection (2) receive on-going training as described in that subsection at the times required by the regulations.

**s. 65. (5); Additional training for direct care staff**

65. (5) The licensee shall ensure that all staff who provide care services to residents receive training in the following matters and at the times required by the regulations, as a condition of continuing to have contact with residents, in addition to the other training that they are required to receive under this section:

**s. 65. (5), para. 3**

3. Behaviour management.

**Ontario Regulation 166/11:**

**s. 14. (1); Staff training**

14. (1) For the purposes of clause 65 (2) (j) of the Act, every licensee of a retirement home shall ensure that all staff who work in the home receive training in the procedure described in subsection 73 (1) of the Act for a person to complain to the licensee.

**s. 14. (2); Staff training**

14. (2) For the purposes of subsection 65 (4) of the Act, the licensee shall ensure that the persons who are required to receive training under subsection 65 (2) of the Act receive the training at least annually.

**s. 14. (5); Staff training**

14. (5) The licensee shall ensure that the persons who are required to receive the training described in subsection 65 (5) of the Act receive that training on an ongoing basis, namely at least annually after receiving the training described in subsection (4).

**s. 21. (2); Hazardous substances**

21. (2) Every licensee of a retirement home shall ensure that all hazardous substances used by staff of the home or under their control are labelled properly and are kept inaccessible to residents at all times.

**s. 24. (5); Emergency plan, general**

24. (5) The licensee shall,

**s. 24. (5), (a)**

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

**s. 24. (5), (a), 1.**

(i) the loss of essential services,

**s. 24. (5); Emergency plan, general**

24. (5) The licensee shall,

**s. 24. (5), (a)**

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

**s. 24. (5), (a), 2.**

(ii) situations involving a missing resident,

**s. 24. (5); Emergency plan, general**

24. (5) The licensee shall,

**s. 24. (5), (a)**

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

**s. 24. (5), (a), 3.**

(iii) medical emergencies,

**s. 24. (5); Emergency plan, general**

24. (5) The licensee shall,

**s. 24. (5), (a)**

(a) on an annual basis at least, test the emergency plan, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency, related to,

**s. 24. (5), (a), 4.**

(iv) violent outbursts;

**s. 27. (9); Infection prevention and control program**

27. (9) The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,

**s. 27. (9), (a)**

(a) the need for and method of maintaining proper hand hygiene and method of preventing cross contamination, including proper handling of soiled linens, the protection of uniforms, and the separation of clean and dirty items;

**s. 27. (9); Infection prevention and control program**

27. (9) The licensee shall ensure that each staff member who works in the retirement home receives training on how to reduce the incidence of infectious disease transmission, including,

**s. 27. (9), (b)**

(b) the need for and process of reporting, providing surveillance of and documenting incidents of infectious illness.

**s. 30.; Storage of drugs or other substances**

30. If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

**s. 30. (a)**

(a) the drugs or other substances are stored in an area or a medication cart that,

**s. 30. (a), 2.**

(ii) is locked and secure,

**s. 30.; Storage of drugs or other substances**

30. If drugs or other substances are stored in a retirement home on behalf of a resident, the licensee of the home shall ensure that,

**s. 30. (b)**

(b) controlled substances as defined in the Controlled Drugs and Substances Act (Canada) are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart;

**NOTICE**

The Final Inspection Report is being provided to the Licensee, the Registrar of the RHRA and the home's Residents' Council, if any.

Section 55 of the *RHA* requires that the Final Inspection Report be posted in the home in a conspicuous and easily accessible location. In addition, the Licensee must ensure that copies of every Final Inspection Report from the previous two (2) years are made available in the Home, in an easily accessible location.

The Registrar's copy of the Final Inspection Report, as it appears here, will be included on the RHRA Retirement Home Database available online at <http://www.rhra.ca/en/retirement-home-database>.

Signature of Inspector	Date October 4, 2023
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